

18 Love
S. No. 2
11-10-39
S-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3785

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 185

1. PLACE OF DEATH:

- (a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At home 104 So. Alma
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community ✓
years, months or days)

3. (a) PRINT FULL NAME Florence L. Riley

8. (b) If veteran, name war ✓ 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ray B. Riley 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Mar 5 1887
(Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Woodston Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Homekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph L. Lickey
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Hustman
15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Ray B. Riley

(b) Address Nevada Mo

17. (a) Removal (b) Date thereof Dec 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodston Kansas

18. (a) Signature of funeral director William E. Kays

(b) Address Nevada Missouri

19. (a) Dec. 14, 1942 (b) Elizabeth B. B. Riley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 104 So. Alma Street
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14 day Dec
year 1942 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from June 23 1942 to Dec 14 1942
that I last saw her alive on Dec 13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Rectum Duration 2 yrs.

Due to ✓

Due to ✓

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: ✓ Of operations ✓

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? ✓ (Specify type of place) (e) Means of injury MD

23. Signature W. H. Love (M. D. or other) MD

Address Nevada, Mo Date signed 12/14/42

RECEIVED
District Health Officer No. 71
Data File Number 12-42-1485
Date Filed 1-15-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Allen T. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.